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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of PCT/US96/14659 09/13/1996  
 and is a CIP of 08/667,003 06/20/1996 PAT 6,197,745  
 and is a CIP of 08/616,371 03/15/1996 PAT 6,855,691  
 and said PCT/US96/14659 09/13/1996  
 is a CON of 08/667,003 06/20/1996 PAT 6,197,745  
 and said 08/616,371 03/15/1996  
 claims benefit of 60/003,801 09/15/1995  
 and said 08/667,003 06/20/1996  
 is a CIP of 08/616,371 03/15/1996 PAT 6,855,691  
 and claims benefit of 60/003,801 09/15/1995

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 07/13/1997

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 28	TOTAL CLAIMS 62	INDEPENDENT CLAIMS 45
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

21005

**TITLE**

MODIFIED HEMOGLOBINS, INCLUDING NITROSYLHEMOGLOBINS, AND USES THEREOF

FILING FEE RECEIVED 2592	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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